

SUMMARY FORM**COLLECTIVE BARGAINING AGREEMENT
PUBLIC SECTOR / NON-POLICE & NON-FIRE****Section I: Agreement Details**

Public Employer: FRANKLIN Twp BOE County: Warren
 Employee Organization: FRANKLIN Twp Education Association Employees in Unit: _____
 Base Year Contract Term: 7/1/11 - 6/30/14 New Contract Term 7/1/14 - 6/30/17
 Type of Settlement: Mediated Settlement Fac-Finder Recommendation Voluntary Settlement Super Conciliation

		Column A Base Year - Total Costs (Last Year of Previous agreement)	Column B New Base Year - Total Costs (First Year of Successor agreement)
Section II: Economic			
Item 1	Salary	<u>2,066,038.64</u>	<u>2,117,921.24</u>
Item 2	Increment	<u>—</u>	<u>—</u>
Item 3	Longevity	<u>—</u>	<u>—</u>
Item 4		<u>—</u>	<u>—</u>
Item 5		<u>—</u>	<u>—</u>
Item 6		<u>—</u>	<u>—</u>
Item 7		<u>—</u>	<u>—</u>
Item 8		<u>—</u>	<u>—</u>
Item 9		<u>—</u>	<u>—</u>
Item 10		<u>—</u>	<u>—</u>
Item 11		<u>—</u>	<u>—</u>
Item 12		<u>—</u>	<u>—</u>
Any additional itemization on separate sheet	Additional Items	<u>—</u>	<u>—</u>
Section III: Totals - Sum of costs in each column		<u>(Total)</u> <u>2,066,038.64</u>	<u>(Total)</u> <u>2,117,921.24</u>

Section IV: Analysis of new successor agreement

Total Base Year (previous agreement)

2,066,038.64**NEW AGREEMENT ANALYSIS**

Effective Date (m/d/yyyy)

7/1/14 7/1/15 7/1/16

Percent Increase

2.5 2.5 2.4

Total cost of increase

\$1,883 \$2,948 \$2,101

Total base salary (successor agreement)

52,311**Section V: Impact of Settlement - average annual increase over term of agreement**

Percentage Impact (average per year over term of agreement)

2.47

Dollar Impact (average per year over term of agreement)

52,311**Section VI**

Health Insurance (Indicate costs associated on each line)

	Base Year	Year 1	
Cost of Health Plan	<u>549,269</u>	<u>600,994</u>	
Employee Contributions	<u>60,344</u>	<u>67,401</u>	
Prescription	<u>—</u>	<u>—</u>	
Dental *	<u>20,273</u>	<u>21,914</u>	
Vision	<u>—</u>	<u>—</u>	

*The undersigned certifies that the foregoing figures are true and is aware that if any of the foregoing items are false, s/he is subject to punishment.***Section VII**

Prepared by:

TIMOTHY Duryea
 Print Name
—
 Signature

Title: SBA
 Date: 8/4/15

Health
Insurance
Figures
do not
include
waiver
incentives

Send completed & signed form, a signed and dated copy of contract, signed and dated certification as well as a word processing version of contract to contract@dpw.state.pa.us

Rev 2012.03.28

* Employee Dental Contribution

Base Year 2535 Year 1 2785